

## **SDMI HCBS MONTHLY UTILIZATION REPORT**

Case Management Team\_\_\_\_\_

Contact Person\_\_\_\_\_

Month Ending\_\_\_\_\_ Date Submitted\_\_\_\_\_

NUMBER SERVED	TOTAL COST (average)

OF THE TOTAL NUMBER SERVED, HOW MANY ARE IN:

ADULT FOSTER HOME:\_\_\_\_\_

ASSISTED LIVING FACILITY:\_\_\_\_\_

PERSONAL CARE HOME:\_\_\_\_\_

OTHER RESIDENTIAL:\_\_\_\_\_  
(define)